ROCK COUNTY HEALTH CARE CENTER

P.O. BOX 351

JANESVILLE 53547 Phone: (608) 757-5000 Ownership: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 274 Yes Number of Residents on 12/31/02: Average Daily Census: 171

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)					
Home Health Care	No	 Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	3.9
Supp. Home Care-Personal Care	No					1 - 4 Years	37.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.6	Under 65	29.0	More Than 4 Years	58.7
Day Services	No	Mental Illness (Org./Psy)	38.7	65 - 74	16.1	1	
Respite Care	No	Mental Illness (Other)	20.6	75 - 84	31.6		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	19.4	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.3	95 & Over	3.9	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.6			Nursing Staff per 100 Res	sidents
Home Delivered Meals	No	Fractures	0.6		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	4.5	65 & Over	71.0		
Transportation	No	Cerebrovascular	3.9			RNs	17.9
Referral Service	No	Diabetes	0.6	Sex	%	LPNs	7.9
Other Services	No	Respiratory	1.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	27.1	Male	39.4	Aides, & Orderlies	44.6
Mentally Ill	No			Female	60.6	1	
Provide Day Programming for			100.0			1	
Developmentally Disabled	No	I		I	100.0	1	

Method of Reimbursement

		edicare			edicaid			Other			Private Pay	:		amily Care			anaged Care	! 		
Level of Care	No.	00	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	00	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	3	2.0	136	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	1.9
Skilled Care	3	100.0	320	128	85.9	115	0	0.0	0	1	33.3	238	0	0.0	0	0	0.0	0	132	85.2
Intermediate				12	8.1	95	0	0.0	0	1	33.3	205	0	0.0	0	0	0.0	0	13	8.4
Limited Care				2	1.3	81	0	0.0	0	1	33.3	172	0	0.0	0	0	0.0	0	3	1.9
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				4	2.7	173	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	2.6
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		149	100.0		0	0.0		3	100.0		0	0.0		0	0.0		155	100.0

ROCK COUNTY HEALTH CARE CENTER

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02								
Deaths During Reporting Period	1									
	1			9	% Needing		Total			
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of			
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents			
Private Home/With Home Health	0.0	Bathing	1.9		44.5	53.5	155			
Other Nursing Homes	28.6	Dressing	8.4		52.3	39.4	155			
Acute Care Hospitals	14.3	Transferring	30.3		31.0	38.7	155			
Psych. HospMR/DD Facilities	42.9	Toilet Use	16.8		39.4	43.9	155			
Rehabilitation Hospitals	0.0	Eating	13.5		64.5	21.9	155			
Other Locations	14.3	******	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	******			
Total Number of Admissions	7	Continence		%	Special Treat	ments	8			
Percent Discharges To:	1	Indwelling Or Externa	al Catheter	10.3	Receiving R	espiratory Care	2.6			
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	t of Bladder	60.0	Receiving T	racheostomy Care	1.9			
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	51.6	Receiving S	uctioning	0.0			
Other Nursing Homes	13.5					stomy Care	4.5			
Acute Care Hospitals	9.6	Mobility			Receiving T	ube Feeding	9.7			
Psych. HospMR/DD Facilities	1.9	Physically Restrained	d	9.0	Receiving M	echanically Altered Diets	14.2			
Rehabilitation Hospitals	0.0									
Other Locations	9.6	Skin Care			Other Residen	t Characteristics				
Deaths	65.4	With Pressure Sores		3.9	Have Advanc	e Directives	69.7			
Total Number of Discharges		With Rashes		11.6	Medications					
(Including Deaths)	52				Receiving P	sychoactive Drugs	75.5			

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************************ Ownership: Bed Size: Licensure: Government 200+ Skilled This All Peer Group Facility Peer Group Peer Group Facilities 용 Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 83.8 0.65 81.7 0.67 85.3 0.64 85.1 54.8 0.64 Current Residents from In-County 1.21 98.7 84.4 1.17 81.4 1.21 81.5 76.6 1.29 Admissions from In-County, Still Residing 85.7 35.0 2.45 22.1 3.88 20.4 4.20 20.3 4.22 Admissions/Average Daily Census 4.1 74.2 97.4 146.1 0.03 133.4 0.03 0.06 0.04 Discharges/Average Daily Census 30.4 75.8 0.40 105.8 0.29 147.5 0.21 135.3 0.22 Discharges To Private Residence/Average Daily Census 0.0 24.2 0.00 41.5 0.00 63.3 0.00 56.6 0.00 Residents Receiving Skilled Care 87.1 86.6 1.01 88.0 0.99 92.4 0.94 86.3 1.01 Residents Aged 65 and Older 71.0 83.9 86.1 92.0 0.77 87.7 0.85 0.82 0.81 Title 19 (Medicaid) Funded Residents 96.1 1.32 1.51 76.6 1.25 72.7 63.6 67.5 1.42 Private Pay Funded Residents 1.9 17.1 0.11 16.9 0.11 24.0 0.08 21.0 0.09 Developmentally Disabled Residents 0.6 3.2 0.20 2.5 0.26 1.2 0.55 7.1 0.09 Mentally Ill Residents 59.4 56.1 1.06 39.4 1.51 36.2 1.64 33.3 1.78 General Medical Service Residents 26.5 1.02 1.20 27.1 14.6 1.86 22.5 20.5 1.32 Impaired ADL (Mean) 62.8 49.6 1.27 52.3 1.20 49.3 1.28 49.3 1.28 Psychological Problems 75.5 61.4 1.23 59.5 1.27 54.7 1.38 54.0 1.40 6.0 6.4 6.7 0.90 7.2 0.84 Nursing Care Required (Mean) 0.95 7.0 0.87